

# HEALTH MATTERS

We are very pleased to present the Island County Community Health Improvement Plan. This master plan has been specifically developed to improve the health and well-being of individuals who live in our communities. Its publication represents a significant investment of time, expertise and collaboration between health care providers, service agencies and community advocates. Our goal has been to create a viable and strategic road map that will ultimately lead us together toward a healthier future.

Efforts to build the plan began in 2015 when we convened a group of more than 40 community stakeholders to tackle the challenge of identifying how we could help individuals in Island County lead healthier, more productive lives.

Out of this effort, smaller work groups formed and over the next year, they studied multiple sources of data and information, reviewed potential interventions, and explored ways to utilize public health resources for optimal benefit. The results of these efforts led to the creation of the community health improvement plan, which focuses on addressing key priorities over the next three years.

During this time, the recommended health improvement strategies will be periodically reviewed and adjusted to reflect changing needs in our communities. However, the plan will serve as a shared blueprint for county policymakers, health care leaders and advocates in making decisions that will drive lasting health improvements for the future.

The Island County Board of Health would like to express its deep appreciation to the participating organizations and individuals who contributed to this initiative and to our community members who provided input and support. As we begin to implement these improvement efforts, your continued interest and engagement is essential to our shared sustainability and success.

Sincerely,

### INSIDE

- Health Matters:A Message from Island County
- 3 A Common Vision: The Community Health Improvement Plan
- 4 Assessing Community Health
- 5 Health Priorities Identified
- 8 Priority: Access to Health Care
- 12 Priority: Housing
- 16 Priority: Interpersonal Abuse
- 20 Priority: Depression and Suicide
- 23 Next Steps
- 24 Acknowledgments
- 26 References

Helen Price Johnson, Island County Commissioner, District 1 Chair, Island County Board of Health, 2017

### CONTACT

**Island County Public Health** 

P.O. Box 5000, 1 N.E. 6th Street Coupeville, WA 98239 360.679.7350

www. is land county wa. gov/health

Keith Higman, MPH Health Services Director keithh@co.island.wa.us

Laura Luginbill, MS, RD Assessment and Healthy Communities Director I.luginbill@co.island.wa.us



# What does Island County need to be a healthier place to live, learn, work and play?

The Community Health
Improvement Plan is designed to
create a healthier future for all who
live in a designated region, in this
case, Island County. The plan, often
called a CHIP, recommends strategies
for implementation that are expected
to significantly improve the physical

health, mental health and well-being of people over time.

The plan is created through a process that relies on collaboration between public health officials, local health organizations, community agencies and individuals. It focuses on concerns that communities define as urgent and it is determined through stakeholder input, community health assessment activities, and evaluation of data from various sources including research, surveys and reports.

### Why is the CHIP needed?

The plan is an important tool for guiding health policymakers, in collaboration with community partners, to establish priorities and allocate resources. Across the nation, proactive public health leaders engage in the process for the benefit of those they serve. According to

the Centers for Disease Control and Prevention, "The plan defines the vision for the health of the community through a collaborative process and should address the gamut of strengths, weaknesses, challenges, and opportunities that exist to improve the health status of that community." <sup>1</sup>

In Island County, this effort has been initiated to improve health outcomes and increase the well-being of local residents. It will also build on the programs and activities of other community organizations and unite these entities toward a common vision.

# ASSESSING COMMUNITY HEALTH

### What makes us healthy?

Prior to building a community health improvement plan, a community health assessment is completed to provide comprehensive information on the health of a population and the factors that contribute to making it more or less healthy.

Creating a health improvement plan based on a thorough assessment can produce significant benefits which include:

- Increased knowledge about the health of area residents.
- The interconnectedness and effectiveness of local health programs and activities.
- Strengthened partnerships and collaborations within local systems.
- Identified strengths and weaknesses that health improvement efforts must address.
- Defined baselines and benchmarks for health improvements.



To measure the health of a community, public health professionals begin with gathering data on health indicators. A health indicator is a characteristic of an individual, population or environment that allows for measurement, and can be used to define one or more aspects of the health of an individual, community or population segment.<sup>2</sup>

Indicators may be measurements of illness, injury prevalence, or of individual behaviors such as smoking or getting a flu shot. They may also measure the social and economic conditions and the physical environment of an area.

In 2015, Island County Public Health, with the support of the Island County Community Health Advisory Board, collected data for 145 health indicators for the Community Health Assessment. The data also included analysis of 1100 responses from the Community Health Survey, and responses from eight focus groups that included representation from county populations that were identified at the state or national level as having health disparities compared to the wider population, or were underrepresented in the survey. This data was utilized extensively throughout the prioritization and planning processes.

To see the complete 2015 Island County Community Health Assessment Report, visit www.islandcountywa.gov/Health/AHC/Planning

### Indicators of Local Health

The 2015 Community Health Assessment in Island County included data from the following indicator categories.

DEMOGRAPHICS & SOCIAL ENVIRONMENT



Age
Race & Ethnicity
Household Status
Marital Status

Income & Poverty

Employment & Military Status

Education

PHYSICAL ENVIRONMENT



Ground Water Quality

Drinking Water Quality

**Zoonotic Disease** 

Food Service Establishment Safety

Transportation

Parks & Open Space

Air Quality

HEALTH CARE
ACCESS & QUALITY



**Provider Availability** 

Health Insurance Coverage

> Emergency Room Use

Avoidable Hospital Readmissions HEALTH BEHAVIORS



**Pregnancy & Birth** 

Immunization & Screening

Violence

Substance Abuse

Nutrition

**Physical Activity** 

MORBIDITY & MORTALITY



**Physical Health** 

Mental Health

**Birth Outcomes** 

Hospitalizations

Chronic and Non-Communicable Disease

Communicable

Disability

Leading Causes of Death

# HEALTH PRIORITIES IDENTIFIED

### Methodology

After completing the Community Health Assessment, staff members of Island County Public Health and members of the Island County Community Health Advisory Board applied a scoring framework to 145 health indicators. Those scoring results, along with community survey and focus group responses, revealed eight broad areas of concern. A workshop in February 2016 invited community participants from more than 40 organizations to interpret and evaluate the assessment data and make some determinations about community health needs and significance.

A second workshop in April 2016 utilized an audience response system exercise—a method for polling individuals for their views. Participants were asked to rank the magnitude and logistical feasibility of addressing the major health challenges facing county residents. Facilitated discussion groups followed, broadening the scope of the methodology.

The following four core priorities emerged from the Community Health Improvement Plan processes.

- 1 Access to Health Care
- 2 Housing
- 3 Interpersonal Abuse
- 4 Depression and Suicide

These issues are the focus of the community health improvement plan that will be implemented over the next three years.

### THINK TANK:

### A Collaborative Approach

Once the issues were prioritized, small work groups formed with members who held interest or expertise in each of the respective areas. From 2016 to 2017, the groups met regularly to formulate goals to address the areas of concern. Further, they were asked to develop strategies that would create measurable improvements to the health of residents over a specified period of time. Key questions they considered:

- Is there clear evidence to support the likelihood that a specific intervention or strategy will improve the health of local individuals?
- Does the plan include strategies to impact individual, organizational and policylevel change?
- Does Island County have the resources needed to create and sustain the strategy?
- If not, how might leaders and advocates acquire the needed resources?
- How will public health officials track and measure improvements to population health and evaluate the impact of the intervention strategy?

From this work, the Community Health Improvement Plan was created. The plan includes provisions for periodic review and monitoring by the work groups and stakeholders as it is implemented, tracked and evaluated over the next three years. Indeed, the plan is a 'living' document that will be revised and shaped as opportunities arise to maximize improvements to community wellness.

### **Monitoring Progress**

The plan employs measures to track and evaluate the effectiveness of the improvement strategies in addressing the priority areas. Performance measurement will include regular data collection and reporting to assess whether the correct processes are being performed and desired results are being achieved. Population measures will be employed to assess the impact of the strategies and interventions in defined target populations.

The following table provides examples of measures that will be utilized by each of the priority focus areas.

#### Figure 1

#### **ACCESS TO CARE**

**Measure:** Island County adults with a routine medical check-up in the past year.

**Source:** Behavioral Risk Factor Surveillance Survey System, Washington State Department of Health.

Baseline	Current	2020 Target
57.8% (2012-2013)	63.0% (2014-2015)	68.2% (National Average)

#### **INTERPERSONAL ABUSE**

**Measure:** Total number of client intakes at Citizens Against Domestic and Sexual Abuse (CADA).

**Source:** Citizens Against Domestic and Sexual Abuse, Client Intake Reporting, Oak Harbor, Washington.

Baseline	Current	2020 Target
224 (2013)	223 (2016)	245 (10% increase)

#### **HOUSING**

**Measure:** Number of individuals in Island County reporting sleeping unsheltered the night prior.

**Source:** Island County Point-in-Time Count, Island County Human Services Department, 2013-2017.

Baseline	Current	2020 Target
90 (2013)	154 (2017)	124 (20% decrease)

#### **DEPRESSION AND SUICIDE**

**Measure:** Rate of suicides (age-adjusted per 100,000) by Island County residents.

**Source:** Washington State Department of Health, Center for Health Statistics, Death Certificate Data, 1990-2015, Community Health Assessment Tool, August 2016.

Baseline	Current	2020 Target
23.2 (2013)	16.7 (2015)	10.2*





### **Perspectives**

Strengthening access to health care improves the well-being of individuals as well as whole communities. This includes prevention and treatment options for physical, behavioral and mental health and related services including locating a service provider, outreach for those living in remote areas, and transportation.

PRIORITY

Members of the public health network play a critical role in connecting people to needed health services. Individuals and families can optimize access by planning for a major health issue before it arises and by deepening their knowledge about available resources. Additionally, when individuals can conveniently access the care they need, benefits range from a healthier workforce to active retirees who thrive in their communities.

Research has established that residents of rural areas face greater barriers to accessing health care services and providers than their urban counterparts. Nationally, the rates for uninsured individuals is higher in rural settings than urban areas and the uninsured often have difficulty obtaining care.<sup>3</sup> Difficulties recruiting and retaining health care providers has also resulted in longstanding disparities in rural and urban physician supply.<sup>4</sup>

According to Healthy People 2020, a report issued by the U.S. Department of Health and Human Services, access to health services means the "timely use of personal health services to achieve the best outcomes." Further, it requires three distinct steps:

- 1. Gaining entry to the health care system, usually through insurance coverage.
- 2. Accessing a location where needed health care services are provided.
- 3. Finding a health care provider whom the patient trusts and can communicate with.

# **ACCESS TO HEALTH CARE**

### Insights

Access to quality health care services is critical to good health, yet rural residents face barriers that can have significant consequences including:

- Delays in receiving appropriate care.
- Inability to access preventive services.
- Financial burdens.
- Preventable hospitalizations.
- Inappropriate use of emergency services.

These issues were echoed by participants in the 2015 Community Needs Assessment Survey and focus groups. Concerns most cited included the high cost of health care, inadequate or no insurance coverage, and lack of available services or appropriate providers.

Studies have shown that improving access to health information and information technologies may help reduce health disparities through their potential to promote health, prevent disease and support clinical care. As a result, one of the first areas examined by members of the Access to Care Work Group was how county residents find health care information.

The work group discovered that Island County lacked a centralized resource for comprehensive information about local providers and services. Consequently, they recommended the development of a health care resource center. The center would be staffed with

knowledgeable individuals to provide phone and walk-in support, thus ensuring service for all population groups. Further, they suggested that the center would offer a website and online directory, available 24 hours a day to connect residents with needed services and providers.

They also explored the effectiveness of community health outreach programs in rural settings. They found several promising models with documented success in improving access to care. These included expanding the role of emergency medical services (EMS) personnel as a crucial link in the chain of care; and improving outreach through the employment of community health workers. The use of community health workers to overcome ethnic and racial disparities in health care has been well documented and members agreed to investigate both models more fully before finalizing recommendations.6

Finally, the group found that local efforts were underway to increase community awareness about the value of advance care planning as part of the overall patient care plan. Advance care planning is defined as making decisions about the care a patient would want to receive if they were unable to speak for themselves. Members identified this work as an opportunity to build on community interests to increase individual engagement in proactive health care planning.

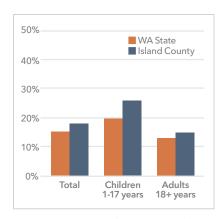


#### A Matter of Urgency?

Use of an emergency department for conditions that could have been managed by a primary care provider or in another less-acute setting is one health indicator used to evaluate access to health care services in a community.

Treatment in an emergency department can cost two to three times more than the same care in a provider's office. Yet here in Island County, residents receiving Medicaid-funded health care utilize the emergency department significantly more often than their counterparts statewide.

Figure 2
Patient visits to an emergency department for conditions that could have been managed in a primary care or other setting, (Medicaid-funded visits only).



Source: Washington State Health Care Authority. Healthier Washington Dashboard, July 2015-June 2016. Available at <u>www.hca.wa.gov</u>

# Goal 1: Promote education and engagement for patient health planning.

Objective 1.1	Strategy	Timeline	Project Leads	Partners
By 2020, Island County residents and health care providers will have	Establish a multi-organizational team to develop an operating model to create and sustain a staffed health care resource center, in alignment with regional and state initiatives.	2018	Island County Public Health	Recommended: Primary care and behavioral health providers, medical clinics and hospitals, managed care organizations, senior services, United Way of Island County, local service agencies
access to online and in-person support to identify available health care services in	Develop an operating model to create and sustain an online health care resource directory, in alignment with regional and state initiatives.	2018	Island County Public Health	Recommended: Primary care and behavioral health providers, medical clinics and hospitals, managed care organizations, senior services, United Way of Island County, local service agencies
Island County.	Develop and maintain a searchable, web- based directory of he alth care resources in Island County including preventive care, primary care, behavioral health care, home health, and recovery services.	2019	To be determined based on proposed model.	
	Establish a staffed health care resource center to provide information and in-person support to the public about available services and providers.	2019- 2020	To be determined based on proposed model.	
	Develop a process for collecting website usage and navigation data, including user searches, demographics and health care resource needs.	2019- 2020	To be determined based on proposed model.	
	Promote use of the website directory and health care resource center to:  1. Local health care providers  2. Local health service agencies  3. Community outreach workers  4. Populations identified as having significant barriers to accessing health care through at least two culturally-appropriate methods of communication.	2019- 2020	To be determined based on proposed model.	

# Goal 2: Strengthen collaboration and coordination of patient care between providers and agencies.

Objective 2.1	Strategy	Timeline	Project Leads	Partners
By 2020, increase the availability of health care options in Island County through medical outreach that delivers	Establish a multi-organizational team to review the efficacy and feasibility of a health outreach model based on community paramedicine or community health workers; develop implementation plan, in alignment with regional and state initiatives.	2017- 2018	WhidbeyHealth, Island County Emergency Management Services, Camano Fire and Rescue	Recommended: Island County Fire and Rescue divisions, medical clinics and hospitals, Veterans Assistance and Administration, veterans
services to individuals in the community.	Improve patient access to care by increasing the use of telemedicine and telepsychology services with expanded locations and hours of availability.	2017- 2020	Naval Hospital Oak Harbor, WhidbeyHealth, North Sound Behavioral Health Organization	

# Goal 3: Expand availability of health care services, especially for those at greatest risk (i.e. vulnerable populations).

Objective 3.1	Strategy	Timeline	Project Leads	Partners
By 2020, implement an advance care planning public information and engagement	Establish a multi-organizational team to develop and implement a public information and engagement model to promote advance care planning to county residents of all ages.	2017	WhidbeyHealth, Island Senior Resources	Recommended: Island County Public Health and Human Services Departments, Island County Human Services (Disabilities), Northwest Regional Council, Veterans Assistance and Administration, faith communities, senior services
campaign for Island County residents through a network of community agencies.	Implement a public information and engagement model that provides both online and in-person support to the public for completion of advance care plans.	2018- 2020	WhidbeyHealth, Island Senior Resources	Recommended: Island County Public Health and Human Services Departments, Island County Human Services (Disabilities), Northwest Regional Council, Veterans Assistance and Administration, faith communities

### **Strategic Alignments**

#### 1. National Prevention Strategy: Clinical and Community Preventive Strategies

#### a. Recommendations

- Reduce barriers to accessing clinical and community preventive services, especially among populations at greatest risk.
- Strengthen collaboration and coordination of patient care between providers and agencies.
- Enhance coordination and integration of clinical, behavioral, and complementary health strategies.

#### b. Actions

- Foster collaboration among community-based organizations, the education and faith-based sectors, businesses, and clinicians to identify underserved groups and implement programs to improve access to preventive services.
- Expand the use of community health workers and home visiting programs.



### **Perspectives**

Current research has clearly demonstrated the connection between safe, affordable housing and good health. A 2011 study published by the Center for the Study of Social Policy found that living in a distressed housing situation magnifies the effects of poverty on an individual in many ways including limiting educational achievement, economic opportunity, health and other indicators of well-being.8 Poor housing conditions have also been linked to infectious and chronic diseases, injuries, poor child development and mental illness. Examples of conditions include respiratory infections, asthma, cardiovascular disease, cancer, lead poisoning and psychological distress.

Community investments in housing programs can result in significant savings in health care costs, while improving health outcomes. In fact, more than a dozen studies over the past decade have quantified ways in which homeless people with disabilities utilize various public systems, including hospitals, emergency rooms, psychiatric hospitals, shelters, jails and prisons. These studies have come to conclude that leaving vulnerable individuals and families homeless taxes public health systems and places an undue burden on local taxpayers; and that providing these same people with supportive housing saves at least enough money to pay for housing the homeless.

A 2006 cost study based on Seattle's Housing First program, targeted alcoholic homeless persons and succeeded in saving tax payers \$4 million dollars in its first year of operation. The study reported an average savings of 53 percent, or nearly \$2500 per month per person in health and social services compared to costs incurred by a control group.9

## HOUSING

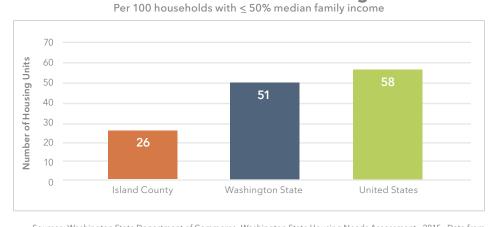
### Insights

Housing affordability is a significant problem in Island County and Washington State. The Washington State Affordable Housing Board defines affordability as "when a household pays no more than 30% of its income for all housing costs." The board commissioned a 2015 report that found that 36% (936,260) of Washington's households are cost-burdened and more than 390,000 households (15.2%) are severely cost-burdened. In fact, the proportion of the lowest-earning households (earning less than 30% of the state's median family income) that are severely cost-burdened is greater than those who can reasonably afford their housing.

In Island County, the same study found 8,780 local households making less than the area median income identified as cost-burdened households. Compounding this issue is the fact that Island County falls far behind both state and national averages in supply of affordable housing units for households with less than 50% of median family income.

Figure 3

Affordable and Available Housing Units



Sources: Washington State Department of Commerce. Washington State Housing Needs Assessment - 2015. Data from 2011. Available at <a href="http://www.commerce.wa.gov/housing-needs-assessment">http://www.commerce.wa.gov/housing-needs-assessment</a>. United States data: National Low Income Housing Coalition. Housing Spotlight. Vol 3, Is 2. February 2013. Available at: <a href="http://nlihc.org/sites/default/files/HS\_3-1.pdf">http://nlihc.org/sites/default/files/HS\_3-1.pdf</a>

The 2015 Island County Community Health Assessment Survey asked respondents about the leading social and economic issues that affect local population health. Lack of affordable housing ranked highest for low income survey respondents and fifth highest for all respondents. The same concern was expressed by focus group participants who said there were not enough housing options to meet current needs.

The Island County Housing Support Center currently has 287 households waiting for housing assistance to become available. One hundred of those households are living unsheltered, in a vehicle, or other adapted shelter. The 2017 Island County Point-In-Time Count identified a rising number of chronically homeless individuals who have been without a home for more than a year, or who have had multiple periods of homelessness over the past several years.



### **Sheltering the Homeless**

Several local initiatives are underway to improve conditions for those impacted by homelessness. Thanks to the leadership of the Whidbey Homeless Coalition and partners Spin Café and Oak Harbor's faith community, homeless individuals can now access the county's first overnight emergency shelter where volunteers help connect them with needed services and resources.

Members of the Housing Work Group supported the initiative and recommend conducting further needs assessment efforts to better understand the scope of the problem in other parts of Island County.

# Goal 1. Increase availability of overnight emergency shelter and support services to individuals seeking shelter.

Objective 1.1	Strategy	Timeline	Project Leads	Partners
By 2018, Island County will have a year-	Establish a year-round, overnight emergency shelter in Oak Harbor.	April 2017- Ongoing	Whidbey Homeless Coalition	Island County Human Services, SPIN Café, Oak Harbor faith communities
round overnight emergency shelter and reduce	Secure long-term sustainable funding to support shelter operation.	Ongoing	Whidbey Homeless Coalition	Island County Human Services, SPIN Café
the number of homeless individuals	Incorporate shelter referral into discharge procedures for all jails and local emergency department.	2017- Ongoing	Housing Work Group	WhidbeyHealth, Whidbey Homeless Coalition, Island County Jail, Oak Harbor Jail
reporting sleeping unsheltered the night prior by 20%.	Ensure transportation to the shelter is available from emergency rooms and jails on evenings and weekends.	May 2017 Ongoing	Housing Work Group	WhidbeyHealth, Island County Jail, Whidbey Homeless Coalition, Oak Harbor Jail
	Assess need of emergency shelter on Camano Island through data collection from regional shelters. Evaluate associated referral and transportation needs.	2018	Island County Human Services	Snohomish County service agencies

Objective 1.2	Strategy	Timeline	Project Leads	Partners
By 2018, homeless individuals and families will	Offer care and harm-reduction interventions and/or referrals for shelter clients from community medical and dental providers.	2018- 2020	Island County Public Health	Whidbey Homeless Coalition, Spin Café, WhidbeyHealth
have improved referral and access to support services through	Offer care and harm-reduction interventions and/or referrals for shelter clients from community mental health and substance use disorder treatment providers.	2018- 2020	Island County Public Health	Whidbey Homeless Coalition, Spin Café, Compass Health, Island County Human Services, WhidbeyHealth
the overnight emergency shelter.	Offer shelter clients additional housing support services through referral to the Island County Housing Support Center.	2017- 2020	Island County Human Services	Whidbey Homeless Coalition

### **Strategic Alignments**

### 1. National Prevention Strategy: Clinical and Community Preventive Strategies

#### a. Recommendations

- Design and promote affordable, accessible, safe and healthy housing.
- Support implementation of community-based preventive services and enhance linkages with clinical care.

#### b. Actions

- Support use of retail sites, schools, churches, and community centers for the provision of evidencebased preventive services.
- Expand public-private partnerships to implement community preventive services (e.g., school-based oral health programs, community-based diabetes prevention programs).

# $\label{eq:continuous} \text{Goal 2: } \begin{array}{l} \text{Preserve existing and increase total number} \\ \text{of units of healthy affordable housing.} \end{array}$

Objective 2.1	Strategy	Timeline	Project Leads	Partners
By 2020, increase the number of affordable and available housing units per 100	Review existing Island County and city regulations for barriers to development of affordable housing.	2017- 2020	City of Langley, Town of Coupeville, Island County Human Services, Oak Harbor Housing Task Force, Island County Planning and Community Development	Recommended: Contractors, realtors, regional affordable housing developers
households at/or below 50% of area median income.	Establish an affordable housing data and best practices resource for policymakers and staff in Island County.	2018	To be determined	Recommended: Island County Planning and Community Development staff, housing assistance staff, contractors, realtors, homeowners, renters
	Provide residents with information and educational resources, including comprehensive plan updates, legislative actions and individual actions to increase availability of healthy, affordable housing.	2017- 2020	Housing Work Group	Recommended: Whidbey Homeless Coalition, City of Langley, Oak Harbor Task Force, Island County Human Services, Island County Planning and Community Development
	Educate community members and policy makers on the importance of maintaining 100% of current funding for affordable housing development, operation and maintenance. Include recommending removal of the recording fee sunset and preservation of the State Housing Trust Fund.	2017- 2020	Island County Human Services	To be determined
	Establish a work group in partnership with Island County Environmental Health to assess housing conditions in the county and development of a 'Healthy Homes' program.*	2017- 2018	Island County Public Health	To be determined
	Encourage homeowners to maintain long-term rental housing versus short-term vacation rentals by establishing a database of primary and secondary residences, providing education about existing regulations, and identifying incentives for long-term rental unit maintenance.	2017- 2020	City of Langley	To be determined

<sup>\*</sup>The Healthy Homes Initiative is a comprehensive and holistic program sponsored by Centers for Disease Control and Prevention to prevent diseases and injuries that result from housing-related hazards and deficiencies .

# Goal 3: Increase availability of permanent, supportive housing units.

Objective 3.1	Strategy	Timeline	Project Leads	Partners
Increase community member support for the expansion	Contract completion of a cost-benefit analysis for increasing permanent supportive housing units in Island County, including evaluation of public costs associated with chronically homeless individuals.	2018	Island County Human Services	Recommended: Town of Coupeville, Cities of Langley and Oak Harbor
of permanent, supportive housing units in Island County.	Increase feasibility of adding permanent supportive housing units by identifying a development partner or funding strategies to leverage state and federal grants, locations for housing units, and necessary community partners to provide support services.	2018- 2020	Island County Human Services	To be determined

Community involvement is key to getting victims of domestic violence the services they need for safety. The first people that most victims reach out to for help is friends and family, not law enforcement, legal or local agencies. Knowing how to support neighbors, friends and family struggling with dangerous relationships is something we all need to know."

Cynde Robinson, Executive Director, Citizens Against Domestic and Sexual Abuse

### **Perspectives**

The impact of interpersonal abuse on individuals and their communities has far-ranging implications for those working to improve public health. Interpersonal abuse can be defined as a systematic pattern of power and control perpetrated by one family or household member against another. It may include physical violence, sexual violence, psychological violence, exploitation, neglect and emotional abuse. Abuse can happen to anyone at any stage of their lifetime. Consider that:

- Referrals to state child protective services across the U.S. involve 6.6 million children annually; half of those children are subject to an investigated report.<sup>11</sup>
- More than one in three women have experienced rape, physical violence, and/or stalking by an intimate partner in their lifetime.<sup>12</sup>
- According to the National Council on Aging, one in ten American adults age 60 or above has experienced some form of elder abuse.<sup>13</sup>

Compounding this complex issue is the fact that many who experience interpersonal abuse and violence will suffer related physical, mental and emotional health problems throughout their lifetime.

Findings from the Adverse Childhood Experiences Study (ACES) revealed strong links between adverse childhood experiences and engagement in high-risk behaviors, unwanted pregnancy, homelessness, adult onset of chronic illness, and mental illness. This landmark study, conducted in partnership between the Centers for Disease Control and Prevention and Kaiser Permanente between 1995 and 1997, collected detailed data and information from 17,000 people about childhood experiences of abuse, neglect and family dysfunction.

While individuals and families bear the direct impact of abuse, communities and society as a whole experience consequences too. The World Health Organization has estimated the economic impact of child abuse in the U.S. alone results in annual costs of \$94 billion. Intimate partner violence costs are estimated at \$12.6 billion annually.<sup>14</sup>

# INTERPERSONAL ABUSE

### **Insights**

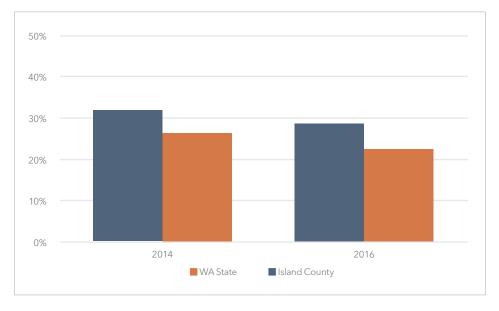
Violence and abuse are critical health problems throughout the United States, however their effects in rural environments such as Island County are often exacerbated by limited access to support services for victims, transportation barriers, the stigma of abuse, lack of availability of shelters and poverty as a barrier to care.

Additionally, small communities may be challenged by an overlap among healthcare providers, law enforcement officers, and abuse victims. Some people may be reluctant to report abuse, fearing that their concerns will not be taken seriously or that their reputations may be damaged.<sup>15</sup>

From the outset, members of the Interpersonal Abuse Work Group acknowledged concerns about the absence of a community-wide response that addresses the issue of interpersonal violence across the lifespan in Island County.

Healthy Youth Survey results in 2014 revealed that 31.9% of Island County youth in tenth grade said they had ever been physically hurt on purpose by an adult compared to 26.4 % reported statewide. Reports from the Island County Sheriff's Office yielded that 23% of the county's assault cases involved domestic violence or abuse, and that current data collections systems likely grossly underestimate the true incidence.

Figure 4 Island County and Washington State tenth-grade students reporting they have ever been physically hurt on purpose by an adult, 2014-2016.



**Survey Question:** Has an adult ever physically hurt you on purpose, (like kicked, slapped, hit or punched you,) leaving a mark, bruise or injury?

No further historical data available due to a significant change in the question language.

Source: Washington State Healthy Youth Survey. Washington Department of Health Center for Health Statistics, 2014-2016. Available at www.askhys.net.

Group members also expressed concern about the lack of available data concerning Island County seniors and reports of abuse, given that 29% of Island County's population is made up of people age 60 and above.<sup>16</sup>

As a result, the group determined that they would pursue the creation of a diverse coalition dedicated to addressing abuse in Island County; and to build engagement among these stakeholders to address the issue from a long-term perspective. Additionally, they would adopt a community-wide curriculum and provide training for those working with children and adults, including seniors to increase knowledge about the signs of abuse and recommended strategies to link individuals and families with needed services and support.

# Goal 1: Reduce the likelihood and/or impact of interpersonal abuse among residents of Island County.

Objective 1.1	Strategy	Timeline	Project Leads	Partners
Maintain Community Health Improvement Plan Work Group for implementation	Maintain regular meeting schedule for work group members committed to the Community Health Improvement Plan process.	2018- 2020 meetings held quarterly	Island County Public Health	Toddler Learning Center, Citizens Against Domestic and Sexual Abuse, Fleet and Family Services, Island Senior Resources, emergency medical responders, schools, law enforcement agencies, faith communities, Island County Community Health Advisory Board
of plan initiatives on interpersonal abuse.	Identify service professionals and volunteers countywide to undergo training to develop skills related to recognizing and responding to abuse.	2017- 2018	Interpersonal Abuse Work Group	Recommended: Professionals or staff in medicine, dentistry, senior services, counselors, home-visiting programs, family law, and youth service organizations
	Provide training to service professionals and volunteers countywide to identify signs of interpersonal abuse and to help individuals take appropriate next steps.	2017- 2020	Interpersonal Abuse Work Group	STOP Task Force *
	Collaborate with other community efforts that work to reduce the likelihood and/or impact of interpersonal abuse among residents of Island County.	2017- 2020	Interpersonal Abuse Work Group	

<sup>\*</sup>The STOP Task Force is supported by grant funding from Washington State to support the coordination of community response teams to respond to sexual assault, domestic and dating violence and stalking.

Objective 2.1	Strategy	Timeline	Project Leads	Partners
By 2020, Island County professionals from at least five community sectors* will have enhanced skills to identify harm or risk of harm related to interpersonal abuse.	Develop or adapt existing interpersonal abuse curriculum and materials for training community champions.	Identify curriculum and training materials by July 2018	Interpersonal Abuse Work Group	Island County Public Health
	Identify champions from five sectors in the community who will receive training to facilitate educational sessions on recognizing and responding to interpersonal abuse for colleagues, staff, volunteers and other community members.	Training completed by January 2019	Interpersonal Abuse Work Group	Island Senior Resources, Citizens Against Domestic and Sexual Abuse emergency medical responders, Island County Public Health, faith communities, schools
	Champions will conduct trainings for colleagues, staff, volunteers and other community members within their sectors.	2019-2020	Interpersonal Abuse Work Group and identified champions	Island Senior Resources, emergency medical responders, Island County Public Health, faith communities, schools, Citizens Against Domestic and Sexual Abuse

<sup>\*</sup>Sector is defined as a group of professionals or volunteers providing a specific service in Island County.

Objective 3.1	Strategy	Timeline	Project Leads	Partners
By 2020, all persons receiving interpersonal abuse training under this initiative will be able to identify appropriate referral services.	Develop materials identifying Island County services available for individuals and families encountering interpersonal abuse.	July 2018	Interpersonal Abuse Work Group	
	Distribute referral material at each training conducted and in the context of outreach efforts.	2018- 2020	Interpersonal Abuse Work Group	Island Senior Resources, emergency medical responders, Island County Public Health, faith communities, schools, Citizens Against Domestic and Sexual Abuse, Senior Services

### **Strategic Alignments**

### 1. Washington State Health Improvement Plan 2017

Priority 1: Invest in the health and well-being of our youngest children and families.

Goal: Ensure that families and communities build a strong foundation in the early years for a lifetime of good health, educational success, and economic prosperity.

#### **Example of Desired Outcomes:**

Decrease rate of child maltreatment/adverse childhood experiences.

### 2. National Prevention Strategy

Recommendation: Strengthen policies and programs to prevent violence.

### 3. Healthy People 2020, U.S. Department of Health and Human Services

Goal: Prevent unintentional injuries and violence, and reduce their consequences.

Objective IVP- 37: Reduce child maltreatment deaths.

Objective IVP- 42: Reduce children's exposure to violence.

"We don't have enough people to provide the kind of mental health services that are needed. For them, it's not the insurance coverage, it's that there's not a provider here someone can see."

Focus Group Participant



### **Perspectives**

Across the nation, public health officials and advocates are struggling to understand the rising rates of suicide after decades of decline. Depression and suicide are connected health issues that involve related biological, psychological and societal factors.

Untreated depression is the number one cause for suicide. Depression occurs when an individual experiences a prolonged period of sadness that interferes with their ability to function. Depression occurs because of an imbalance of chemicals in the brain and it is treatable. Unfortunately, many people do not receive treatment for depression, and thus are at risk for suicide.

After a period of nearly consistent decline in suicide rates in the United States from 1986 through 1999, suicide rates have increased almost steadily since 1999 through 2014.<sup>17</sup>

The National Vital Statistics System that monitors mortality has captured several trends that justify renewed concern:

- From 1999 through 2014, the ageadjusted suicide rate in the United States increased 24%.
- Suicide rates increased from 1999 through 2014 for males and females across all age groups.
- The percent increase in suicide rates for females was greatest for those aged 10-14, and for males, those aged 45-64.
- The most frequent suicide method in 2014 for males involved the use of firearms (55.4%), while poisoning was the most frequent method for females (34.1%).

Complicating the problem is the fact that while suicide is increasing, mortality is generally declining, making suicide one of the ten leading causes of death overall.<sup>18</sup>

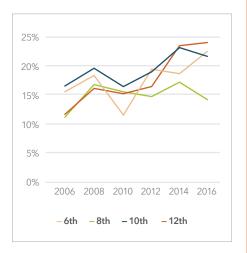
# **DEPRESSION AND SUICIDE**

### Insights

From the outset, the Depression and Suicide Work
Group acknowledged they would need a committed and
multifaceted coalition with expertise in mental health to
explore the issue across all age groups. They found the 2016
Healthy Youth Survey provided compelling evidence that
county youth were indeed at the same or greater risk for
suicide than other youth statewide. Further, they discovered
that Island County's suicide rate was greatest among adults age
24-44 years, and that a significant data gap existed for defining
mental health needs in the county's rising population of older adults.

They also explored the significant changes underway at the state and regional levels to improve health care delivery. Through the Governor's Healthier Washington initiative, Medicaid-funded physical and behavioral health services are being integrated to address needs from a 'whole person' care model. The increased investment of resources to support the initiative is expected to transform health care delivery, including mental health, in the state over the next several years.

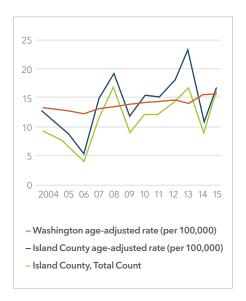
Figure 5 Island County students reporting they have seriously considered suicide within the past 12 months.\*



\*Sixth-grade students asked if they have ever seriously thought about killing themselves.

> Source: Washington State Healthy Youth Survey. Washington Department of Health Center for Health Statistics. Available at www.askhys.net

Suicide age-adjusted rate, Island County residents compared to Washington State, 2004-2015.



Source: Washington State Department of Health, Center for Health Statistics, Death Certificate Data, 1990-2015, August 2016.

Within this changing landscape, work group members recommended developing and implementing a countywide information campaign to increase awareness about the signs and symptoms of depression and suicide risk, and available support services. They also recommended that as state and regional health initiatives gain clarity and momentum, the work group should investigate other potential strategies, particularly if they intersect or build on work underway. Finally, they recommended collaborating with other groups in the community working to improve mental health care and from these collaborations. identify and enlist the support of champions to contribute to future improvement efforts.

# Goal 1. To educate the public about the signs and symptoms of depression and suicide and inform them about the resources available for those at risk.

#### **Recommendations:**

Explore creating a community coalition to develop an agenda for implementation of the following:

- Ensure that access to resources that address depression and suicide are explored through the access to care navigation system.
- Utilize existing media and news information resources to help educate the public about the signs and symptoms of depression and suicide.
- Ensure that the delivery of education, identification of resources and creating awareness about those resources meet the community's interests and needs.

# VISION 2020 KEY TAKEAWAYS

The CHIP is a Community Health Improvement Plan, created to improve the health and well-being of residents in Island County over the next several years.

The plan addresses four priority areas that have been determined by community members, organizations and public health officials with information and data derived from Community Health Assessment activities. They are:

- Access to Care
- Housing
- Interpersonal Abuse
- Depression and Suicide

3 Strategies created by community work groups to address each area will be implemented by project leads, partners and Island County Public Health staff to produce measurable health improvements in target populations.



# NEXT STEPS

### **Implementation and Monitoring Progress**

Vision 2020 is an ambitious community health improvement plan. Its purpose is to transform health outcomes by addressing the most pressing priorities identified by Island County residents.

Implementation of the CHIP has already begun. For some strategies, project leaders and partners have mobilized and are moving forward. For others, strategy implementation will require building new partnerships, researching best practices, identifying resources and adapting to changing local, regional and national environments.

The plan's implementation will be reviewed and updated annually over the next three years. The CHIP work groups and the Community Health Advisory Board will assist Island County Public Health in tracking and evaluating how well the

strategies are addressing goals and objectives. They will also make recommendations if greater impact can be achieved through modifications.

The Public Health Department and its partners will seek to expand the network of agencies and stakeholders committed to supporting the CHIP. New opportunities and alliances must be formed with others working toward improving community health to ensure the plan's success across all sectors.

As this initiative moves forward, public involvement is essential. Opportunities exist to get involved and stay informed.

#### **HOW YOU CAN HELP**

- Learn more about the plan and progress at www.islandcountywa. gov/health/ahc.
- Provide plan feedback or send a suggestion to l.luginbill@co.island. wa.us.
- Explore how you or your organization can contribute to the priority strategies.
- ☐ Join one of the priority work groups.
- ☐ Host a CHIP training or request a speaker from the CHIP network to present to your group.

Contact us at **360.679.7350** or email **I.luginbill@co.island.wa.us** to find out more about how you can help the CHIP succeed in Island County.

# ACKNOWLEDGMENTS



Honoree Emmanuel Montenegro of Seamar Behavioral Health Center, with CHAB member Sandy Zeimer at the 2016 Health Heroes Awards Ceremony. The annual event is hosted by CHAB to recognize those making outstanding contributions to improving health in Island County.

### Learn more about CHAB

The Island County Community Health Advisory Board (CHAB) is the longest-standing board of its type in Washington State. Members are appointed and act in an advisory capacity to Island County's Board of Health. A focus of their work is providing leadership and guidance in the development of Island County's Community Health Assessment and Health Improvement Plan. Members were involved in collecting and analyzing data, planning and participating in the prioritization workshops, and leading priority work groups.

Members received monthly updates on work group progress and played an important role in identifying points of intersect between the priority strategies. Two common barriers that were identified by all priority work groups were education and linkages between existing services; and lack of transportation options to existing services.

Board members also selected additional strategies to increase Island County's capacity to evaluate the CHIP's impact and identify health priorities into the future. Specifically, CHAB commits to:

- Advocate for increased transportation options to community service providers.
- Increase CHAB member engagement with local transportation boards and committees.
- Increase Island County's capacity to collect quality data on older adults, young children and health disparities in Island County.
- Advocate for implementation of the CHIP intervention strategies to the Board of Health, community service providers and regional, state and federal agencies.

### Island County Community Health Advisory Board

Mary Anderson Catherine Ballay Rene Denman Holly Grason Colleen Klamm Jim Reinhardt Heather Sellers Celine Servatius Janet St. Clair Brad Thomas Kellie Tormey Sandy Ziemer

Jan Gross (former) David Macys (former) Patti Milligan (former) Doug Slaten (former) JoAnn Strong (former)

For more information about CHAB, please visit www.islandcountywa.gov/health/ahc/chab

### Community Health Improvement Plan Work Groups

Many individuals and a wide variety of organizations made important contributions to the development of the Community Health Improvement Plan. We gratefully acknowledge their support, participation and dedication. As we look forward, our continued partnership will be essential to helping us achieve the plan's goals for healthier people and healthier communities in Island County.

#### **Access to Care**

Heidi Saunders, Co-Leader WhidbeyHealth

Kellie Tormey, Co-Leader CHAB

Laura Luginbill, Co-Leader Island County Public Health

Keith Higman, Island County

Public Health

Jill Johnson, Island County Commissioner

Kara Martin,

Community Member

Dana Sawyers,

Island County Human Services

Heather Sellers,

Naval Hospital Oak Harbor

Charlie Smith,

Central Whidbey Fire & Rescue

Chasity Smith,

Island Senior Resources

South Whidbey School District

Janet St. Clair,

CHAB Member

Cheryn Weiser, Island Senior Resources

#### Housing

Joanne Pelant, Co-Leader Island County Human Services

Celine Servatius, Co-Leader

CHAB

Laura Luginbill, Co-Leader Island County Public Health

Tim Callison,

City of Langley

Lou Cox,

Compass Health

Molly Hughes, Town of Coupeville

Karla Jacks,

Camano Community Center

Cathy Niiro, United Way

Lynda Richards, Island County Human Services

Vivian Rogers-Decker,

SPIN Café

#### Interpersonal Abuse

Cynde Robinson, Co-Leader Citizens Against Domestic and Sexual Abuse

Casey Scott-Mitchell, Co-Leader Citizens Against Domestic and Sexual Abuse

Holly Grason, Co-Leader CHAB

Emily Maughan, Co-Leader Island County Public Health

Sharon Bell,

Toddler Learning Center

Celeste Fikjes,

Department of Social and Health

Carla Grau-Egerton, Community Member

Tara Hizon,

Island County Human Services

Jennifer Kapolchok,

Fleet and Family Services

Ron Lawler,

Oak Harbor Family Bible Church

Pat McMahon,

South Whidbey Emergency

Medical Services

Jennifer Mouw. Oak Harbor Public Schools

Chris Peabody,

Island County Sheriff's Office

Laura Price,

Island County Sheriff's Office

#### **Depression and Suicide**

Catherine VanWetter,

Co-Leader, ForeFront

JoAnn Strong, Co-Leader

Emily Maughan, Co-Leader Island County Public Health

Mary Anderson,

Oak Harbor Senior Center

Kaui Asinsin.

Community Member

Catherine Ballay,

Town of Coupeville

Betsy Griffith,

Island County Human Services

Keith Higman,

Island County Public Health

Caitlin Jones,

Island County Human Services

Steve King,

Oak Harbor Public Schools

Brenda Kovach,

Fleet and Family Services

Carla Koegen,

Fleet and Family Services

Dr. Andrew Mortimer, Naval Air Station

Whidbey Island

Ryan O'Donnell,

Compass Health

Jay Shapiro,

Community Member

### **Workshop Participants**

Annalee Burgoyne, SeaMar Community Health Center

Lisa Clark, Opportunity Council

Deb Crager, WhidbeyHealth

Rick Felici, Island County Sheriff's Office

Geri Forbes, WhidbeyHealth

Jamie Hanken, Sunrise Services

Jackie Henderson, Island County Human Services

Caitlin Judd,

Citizens Against Domestic and Sexual Abuse

Colleen Keller,

Utsalady Elementary School

Gail Lavassar, Readiness to Learn Steve Marx,

Island County Public Works

Robert May, WhidbeyHealth

Janet McWatt, Island County Public Health

Ron Nelson,

Economic Development Council

Maureen Pettit,

Skagit Community College Charlene Ray,

Island County Human Services

Jim Reinhardt,

Camano Fire and Rescue June Robinson-Fritz, Department of

Social and Health Services Michael Schick, Camano Fire and Rescue

Jim Shank, Coupeville School District Michelle Smith, Naval Hospital Oak Harbor

Yorlly Stites, Camano Country Club

Helen Taylor, WhidbeyHealth Foundation

Suzanne Turner,

Island County Public Health Dave White,

Naval Hospital Oak Harbor Faith Wilder,

Whidbey Homeless Coalition Bess Windecker-Nelson, Family Touchstone, LLC

Jaemee Witmer, Toddler Learning Center

Island County Public Health Gerald Yorioka,

Community Member

### **Island County Board of Health**

Helen Price Johnson, Chair

Grethe Cammermever Richard M. Hannold

Iill Iohnson Christine Sears

**Bob Severns** 

#### **Island County** Health Officer

Brad Thomas, M.D.

# REFERENCES

- 1. U.S. Department of Health and Human Services. Centers for Disease Control and Prevention. National Public Health Performance Standards Program, Healthy People 2010. 2011 Sept. Cited 2017 July 11. Available from: https://www.cdc.gov/stltpublichealth/cha/plan.html.
- 2. Institute of Medicine of the National Academies. Leading Health Indicators for Healthy People 2020 Report Brief. 2011 March. Cited 2017 June 21. Available from: http://www.nationalacademies.org/hmd/~/media/Files/Report%20Files/2011/Leading-Health-Indicators-for-Healthy-People-2020/Leading%20Health%20Indicators%202011%20Report%20Brief.pdf.
- 3. Ayanian JZ, Weissman JS, Schneider EC, Ginsburg JA, Zaslavsky AM. Unmet Health Needs of Uninsured Adults in the United States. JAMA. 2000;284(16):2061-2069. doi:10.1001/jama.284.16.2061.
- 4. General Accounting Office, Washington D.C. Physician Workforce: Physician Supply Increased in Metropolitan and Nonmetropolitan Areas but Geographic Disparities Persisted. 2003 Oct 31. Cited 2017 July 31. Available from: http://www.gao.gov/products/GAO-04-124.
- 5. Eng TR, Maxfield A, Patrick K, Deering MJ, Ratzan SC, Gustafson DH. Access to Health Information and Support: A Public Highway or a Private Road?. JAMA. 1998;280(15):1371-1375. doi:10.1001/jama.280.15.1371.
- 6. Institute of Medicine of the National Academies. Unequal Treatment: Confronting Racial and Ethnic Disparities in HealthCare. The National Academies Press. 2003. Available from: https://doi.org/10.17226/10260.
- 7. National Hospice and Palliative Care Organization, Alexandria, VA. Advance Care Planning. Cited 2017 Oct 4. Available from: https://www.nhpco.org/advance-care-planning.
- 8. Center for the Study of Social Policy, Washington, D.C. Affordable Housing as a Platform for Improving Family Well-Being: Federal Funding and Policy Opportunities. 2011 June. Cited 2017 Aug 9. Available from: https://cssp.org/publications/neighborhood-investment/financing-community-change/Affordable-Housing-as-a-Platform-for-Improving-Family-Well-Being-June-2011.docx.pdf.
- 9. Larimer ME, Malone DK, Garner MD, Atkins DC, Burlingham B, Lonczak HS, Tanzer K, Ginzler J, Clifasefi SL, Hobson WG, Marlatt GA. Health Care and Public Service Use and Costs Before and After Provision of Housing for Chronically Homeless Persons with Severe Alcohol Problems. JAMA. 2009;301(13):1349-1357. doi:10.1001/jama.2009.414.
- 10. Washington State Department of Commerce, Olympia, WA. Washington State Affordable Housing Needs Assessment 2015. County Profiles, Island County. Available from: http://www.commerce.wa.gov/housing-needs-assessment/.
- 11. U.S. Department of Health and Human Services. Administration for Children and Families, Children's Bureau. Child Maltreatment 2014. 2016 Jan 26. Cited 2017 Aug 15. Available from: https://www.acf.hhs.gov/cb/resource/child-maltreatment-2014.
- 12. Catalano, S. U.S. Department of Justice, Bureau of Justice Statistics. Intimate Partner Violence in the U.S., 1993-2004, 2006. Available from: https://www.bjs.gov/content/pub/pdf/ipvus.pdf.
- 13. National Council on Aging, Arlington, VA. Facts on Elder Abuse. 2016. Cited 2017 July 26. Available from: https://www.ncoa.org/public-policy-action/elder-justice/elder-abuse-facts/.
- 14. World Health Organization and International Society for Prevention of Child Abuse and Neglect. Preventing child maltreatment: a guide to taking action and generating evidence. 2006: 12. Available from: http://apps.who.int/iris/bitstream/10665/43499/1/9241594365\_eng.pdf.
- 15. Rural Health Information Hub, Grand Forks, N.D. (Intranet). Violence and Abuse in America. 2017 May 16. Cited 2017 July 7. Available from: https://www.ruralhealthinfo.org/topics/violence-and-abuse.
- 16. U.S. Department of Commerce, Census Bureau. American Community Survey 2015. 2016 Sept 15. Available from: https://www.census.gov/acs/www/data/data-tables-and-tools/.
- 17. Curtin, S, Warner, M, Heldegaard, H. U.S. Department of Health and Human Services, Centers for Disease Control and Prevention. Increase in Suicide in the United States, 1999-2014. NCHS Data Brief, No. 241. 2016 April.
- 18. U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion (Intranet). Healthy People 2020, Mental Health, Suicide. Cited 2017 July 24. Available from: https://www.healthypeople.gov/2020/leading-health-indicators/2020-lhi-topics/Mental-Health/data.

# CREDITS

Sutherland Design Works, Watermark Communications. Photos courtesy of the following: USDA, Food and Nutrition Service, pages 2, 4, 27. Whidbey and Camano Islands Tourism, page 3, back cover. Whidbey Fire and Rescue, page 9. Centers for Disease Control and Prevention, Public Health Image Library, Cade Martin, pages 7, 8, 12, 21; James Gathany, page 23.







Island County Public Health P.O. Box 5000 Coupeville, WA 98239

islandcountywa.gov/health